

FILED MAR 2 1943
Registration District No. 318

Primary Registration District No. 1003

Registrar's No. 1765

1. PLACE OF DEATH:

(a) County St. Louis
(b) City or town.....
(c) Name of hospital or institution:
3835 Shaw Blvd.
(d) Length of stay: In hospital or institution.....
In this community.....
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County.....
(c) City or town St. Louis, Mo.
(d) Street No. 3835 Shaw Blvd.
(e) Citizen of foreign country? No
If yes, name country.....

3. (a) PRINT FULL NAME Mabel E. Hagemeyer

3. (b) If veteran, name war None 3. (c) Social Security No. None

4. Sex female 5. Color or race white 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Emil E. Hagemeyer 6. (c) Age of husband or wife if alive..... years

7. Birth date of deceased March 10 1889
(Month) (Day) (Year)

8. AGE: Years 53 Months 11 Days 12
If less than one day hr. min.

9. Birthplace Alabama
(City, town, or county) (State or foreign country)

10. Usual occupation House work

11. Industry or business.....

MOTHER FATHER { 12. Name Julius Zimmermann
13. Birthplace Illinois
14. Maiden name Lottie Miller
15. Birthplace Missouri

16. (a) Informant EMIL E. HAGEMEYER
(b) Address 3835 SHAW BLVD

17. (a) Burial (b) Date thereof Feb 24, 1943
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Int Sunset Burial

18. (a) Signature of funeral director Southern Funeral Home

(b) Address 6322 South Grand

19. (a) FEB 23 1943 (b) J. F. Bredick
(Date received local registrar's report) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month February day 22
year 1943 hour 3 minute AM

21. I hereby certify that I attended the deceased from July 1 1942 to Feb 22 1943
that I last saw him alive on 2-21 1943
and that death occurred on the date and hour stated above.

Immediate cause of death General cancer carcinoma Duration 6 mo

Due to Carcinoma of sigmoid 3 yrs

Due to.....

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings: Of operations.....
Of autopsy.....

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?.....
(d) Did injury occur in or about home, on farm, in industrial place, in public place?.....

While at work?..... (Specify type of place)
Means of injury.....

23. Signature W. J. Bullman (M. D. or other) me
Address 607 N. Grand Date signed 2/22/43

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed.....

Virgil L. Bergman

Licensed Embalmer No. *4018*

P. O. Address.....

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.